Case 22-17086-ABA Doc 66 Filed 07/15/25 Entered 07/15/25 12:41:07 Desc Main Document Page 1 of 7

Fill in this info	rmation to identify your	case:		
Debtor 1	Kimberly M. Lotie	rzo		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	22-17086			
(if known)				

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	238,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	7,055.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	245,055.00
Par	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	648,279.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	9,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	84,924.58
	Your total liabilities	\$	742,203.58
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,392.30
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,891.67
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 Kimberly M. Lotierzo Case number (if known) 22-17086

8. From the <i>Statement of Your Current Monthly Income</i> : Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$
---	----

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. Total. Add lines 9a through 9f.	\$

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E:II	in this information t	- : :								
	in this information to btor 1	Kimberly M.								
	btor 2 buse, if filing)									
Uni	ited States Bankrupt	tcy Court for the	: DISTRICT OF NEW J	ERSEY						
Ca	se number 22-	17086				Ch	eck if this is	:		
(If kı	nown)			=			An amende	ed filing		
									g postpetition ollowing date:	
<u>O</u>	fficial Form	<u> 1061</u>					MM / DD/ Y	YYYY		
S	chedule I: `	Your Inc	ome							12/15
spo atta Pa	ruse. If you are sep ach a separate shee rt 1: Describe	arated and you t to this form. Employment	are married and not filing wing the top of any additions the top of any additions.	ith you, do not include	e informa	tion abo	out your sp	ouse. If mo	ore space is	needed,
1.	Fill in your emplo information.	oyment		Debtor 1			Debtor 2	2 or non-fil	ling spouse	
	If you have more t		Employment status	■ Employed			☐ Empl	oyed		
	attach a separate information about		Employment status	☐ Not employed			☐ Not e	employed		
	employers.		Occupation	P/T Manager						
	Include part-time, self-employed wo		Employer's name	Kilamarnock Inn	LLC					
	Occupation may in or homemaker, if		Employer's address	34 E Church Stre Kilmarnock, VA 2						
			How long employed t	here?						
Pai	rt 2: Give Det	ails About Mor	nthly Income							
	imate monthly inco		ate you file this form. If	you have nothing to rep	oort for any	y line, w	rite \$0 in the	space. Inc	lude your no	n-filing
	ou or your non-filing e e space, attach a se		ore than one employer, co this form.	ombine the information	for all emp	oloyers f	or that perso	on on the lir	nes below. If	you need
						For D	Debtor 1		otor 2 or ng spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$	3,708.34	\$	N/A	-
3.	Estimate and list	monthly overt	ime pay.		3. +	\$	430.15	+\$	N/A	-
1	Calculate gross l	ncome Add lir	ne 2 ± line 3		4	<u> </u>	138 /0	\$	NI/A	

Deb	tor 1	Kimberly M. Lotierzo	_	Ca	ase number (<i>if know</i>	n)	22-17	'086		
				F	For Debtor 1			Debtor :		
	_							filing s		
	Cop	by line 4 here	4.	\$	4,138.4	9	\$		N/A	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	846.1	9	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.0	0	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$		_	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.			_	\$		N/A	_
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$		_	\$		N/A N/A	_
	5g.	Union dues	5g.				\$ 		N/A	_
	5h.	Other deductions. Specify:	5h.				+ \$		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	846.1	9	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,292.3	0	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	\$	0.0	0	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.0	0	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	5 0. 0	•	\$		N/A	
	8d.	Unemployment compensation	8d.				\$ 		N/A N/A	
	8e.	Social Security	8e.				\$-		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$		_	\$		N/A	_
	8g.	Pension or retirement income	 8g.	\$		_	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	+ \$	0.0	0	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,100.0	0	\$		N//	4
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	5	4,392.30 +	\$		N/A	= \$	4,392.30
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L.		.,002.00					1,002100
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	deper					chedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	
13.	Do	you expect an increase or decrease within the year after you file this form	?						month	ly income
		No. Yes. Explain:	-							

Fill	in this information to identify your case:				
Deb	Kimberly M. Lotierzo		Che	ck if this is: An amended filing	
Deb	btor 2			A supplement show	ving postpetition chapter
(Spo	oouse, if filing)			13 expenses as of	the following date:
Unit	ited States Bankruptcy Court for the: DISTRICT OF NEW JERS	EEY		MM / DD / YYYY	
	ze number 22-17086 (nown)				
Of	fficial Form 106J				
So	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married pe ormation. If more space is needed, attach another sheet mber (if known). Answer every question.				
	rt 1: Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Ex	penses for Separate House	ehold of Deb	otor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this informati each dependent			Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No □ Yes
					□ No
					☐ Yes
					□ No
2	De verre ermenese include				☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				
Par	rt 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date u penses as of a date after the bankruptcy is filed. If this is plicable date.				
	clude expenses paid for with non-cash government assis				
	fficial Form 106l.)	iale I. Tour Income		Your exp	enses
4.	The rental or home ownership expenses for your resid payments and any rent for the ground or lot.	lence. Include first mortgag	je 4. S	.	500.00
	If not included in line 4:				
	4a. Real estate taxes		4a. S	5	0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$	·	0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
5.	 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, suc 	h as home equity loans	4d. \$ 5. \$		0.00 0.00

Deb	tor 1	Kimberl	ly M. Lotierzo	Case number (if known)	22-17086
6.	Utilit	ies:			
	6a.	Electricity	/, heat, natural gas	6a. \$	150.00
	6b.	Water, se	ewer, garbage collection	6b. \$	0.00
	6c.		ne, cell phone, Internet, satellite, and cable services	6c. \$	0.00
	6d.	Other. Sp	pecify: Telephone / Cell Phone	6d. \$	125.00
7.	Food		sekeeping supplies		542.00
8.			children's education costs	8. \$	0.00
9.			dry, and dry cleaning	9. \$	93.00
		O,	products and services	10. \$	50.00
11.			ental expenses	11. \$	150.00
			Include gas, maintenance, bus or train fare.	Π. Ψ	130.00
12.			car payments.	12. \$	350.00
13.			, clubs, recreation, newspapers, magazines, and books	13. \$	150.00
			tributions and religious donations	14. \$	86.67
		rance.		• • • • • • • • • • • • • • • • • • • •	00.07
			insurance deducted from your pay or included in lines 4 or 20.		
		Life insur	, , ,	15a. \$	0.00
	15b.	Health in:	surance	15b. \$	0.00
	15c.	Vehicle ir	nsurance	15c. \$	150.00
	15d.	Other ins	urance. Specify:	15d. \$	0.00
16			nclude taxes deducted from your pay or included in lines 4 or 2	•	0.00
	Spec	cify:		16. \$	0.00
17.			lease payments: nents for Vehicle 1	17a. \$	545.00
			nents for Vehicle 2	17b. \$	0.00
		Other. Sp	a aifr a	17c. \$	0.00
		Other. Sp		17d. \$	
10			·		0.00
10.			s of alimony, maintenance, and support that you did not re your pay on line 5, <i>Schedule I, Your Income</i> (Official Form		0.00
19.			ts you make to support others who do not live with you.	\$	0.00
	Spec		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19.	
20.		,	perty expenses not included in lines 4 or 5 of this form or o		
			es on other property	20a. \$	0.00
		Real esta		20b. \$	0.00
			homeowner's, or renter's insurance	20c. \$	0.00
			ince, repair, and upkeep expenses	20d. \$	0.00
			ner's association or condominium dues	20e. \$	0.00
21				21. +\$	
۷۱.	Otne	er: Specify:		21. +5	0.00
22.	Calc	ulate your	monthly expenses		
			4 through 21.	\$	2,891.67
	22b.	Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2 \$	
	22c.	Add line 22	2a and 22b. The result is your monthly expenses.	\$	2,891.67
23.	Calc	ulate vour	monthly net income.		
			e 12 (your combined monthly income) from Schedule I.	23a. \$	4,392.30
			ir monthly expenses from line 22c above.	23b\$	2,891.67
	_00.	000)) 00			2,001.07
	23c.		your monthly expenses from your monthly income. It is your <i>monthly net income</i> .	23c. \$	1,500.63
24.	For exmodif	xample, do y	an increase or decrease in your expenses within the year you expect to finish paying for your car loan within the year or do you exelerms of your mortgage?		rease or decrease because of a
	■ N				
	\square Y	es.	Explain here:		

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Fill in this infor	mation to identify your	case:		
Debtor 1	Kimberly M. Lotie	erzo		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	22-17086			
(if known)				■ Check if this i
				amended filin

s an g

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay som	eone who is NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that they are true and correct.	e that I have read the summary and schedules filed with this declaration and
X /s/ Kimberly M. Lotierzo Kimberly M. Lotierzo Signature of Debtor 1	Signature of Debtor 2